**Commonwealth of Massachusetts**
**Executive Office of Health and Human Services**

THE **HI** WAY
MASSACHUSETTS HEALTH INFORMATION HIGHWAY

# Health Information Technology Council June Update

**June 9, 2014**

# Agenda

**Today's Agenda:**

1. **Meeting Minutes approval [5 min]**

2. **Leveraging the Mass HIway for Public Health [45 min] – Laura Nasuti**

3. **MeHI Budget/Operating Plan [20 min] – Laurance Stuntz**

4. **HIway Implementation & Support Update [15 min] – Manu Tandon**
   a) HIway Release Schedule
   b) Communications and Outreach Update
   c) HIway Operations Update
   d) HISP-HISP Update
   e) Phase 2 Pilot Update

5. **Wrap up [5 min]**

**Discussion Item 1: Leveraging the MassHIway for Public Health**

# Leveraging the Mass HIway for Public Health:

# MDPH's Investment in the HIway

# 6/9/2014

Laura Nasuti
Massachusetts Department of Public Health

# Leveraging the Mass HIway for Public Health

- Overview of importance of connecting to HIway

- Timeline for DPH node builds & deployment

- DPH nodes on the HIway

- Future of HIT (& HIE) in public health

# MDPH & HIway:
## Important for advancing public health in the Commonwealth

**7 HIway nodes have been, or are being built, for the Department of Public Health. These nodes will support and improve the goals of public health by:**

➢ **Standardizing surveillance for infectious diseases**

➢ **Enabling electronic reporting of critical data, including laboratory testing results**

➢ **Minimize administration & billing challenges**

➢ **Helping eligible providers attest to Meaningful Use (Stage 1 & 2)**

➢ **Assuring fast, secure, uniform, and reliable methods of data communication**

➢ **Improving prevention and disease management programs**

    ➢ Childhood Lead Poisoning Prevention Program

    ➢ Supporting numerous community-based programming within BCHAP

➢ **Providing actionable, real-time data for program reporting, quality improvement, and evaluation**

# Timeline for DPH HIway Nodes

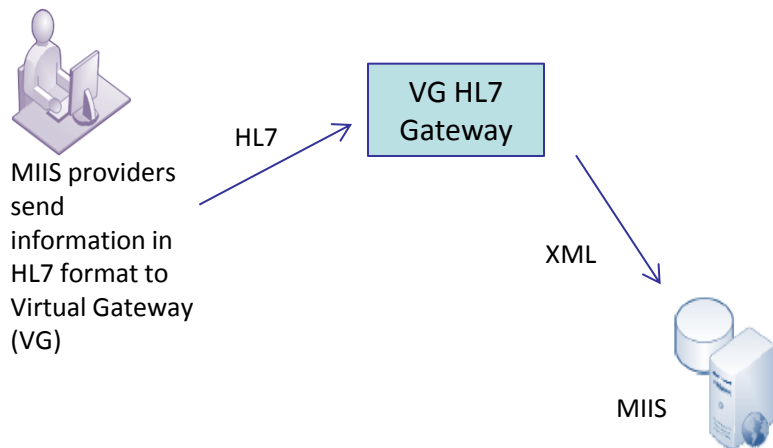| | Pre 2014 | Q1 2014 | Q2 2014 | Q3 2014 | Q4 2014 |
|---|---|---|---|---|---|
| **Massachusetts Immunization Information System (MIIS)** | May 2013 | | | | |
| **Syndromic Surveillance (SS)** | June 2013 | | | | |
| **Electronic Lab Reporting (ELR)** | June 2013 | | | | |
| **MA Cancer Registry (MCR)** | | | April | | |
| **Intake Enrollment and Assessment Transfer Service (IEATS)** | | | May | | |
| **Childhood Lead Poisoning Prevention Program (CLPPP)** | | | | July/August | |
| **e-Referral** | | | | June/July | |

# DPH HIway Nodes:
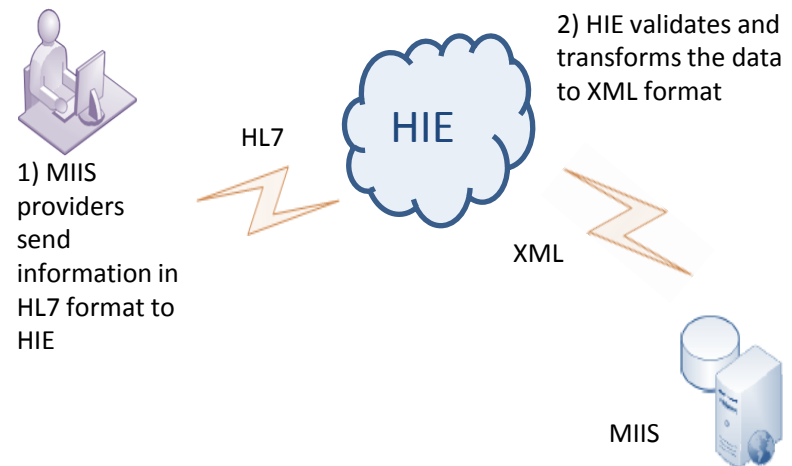## Massachusetts Immunization Information System (MIIS)

**Objective:** Improve record submission process through electronic submission of immunizations. Providers may submit immunization data directly from their EHR rather than manual entry into web interface.

**MU Enablement:** MU stage 1 & 2 objectives

**Before**

MIIS providers send information in HL7 format to Virtual Gateway (VG)

HL7

VG HL7 Gateway

XML

MIIS

**After**

1) MIIS providers send information in HL7 format to HIE

HL7

HIE

2) HIE validates and transforms the data to XML format

XML

MIIS

# DPH HIway Nodes:
## Massachusetts Immunization Information System (MIIS)

Benefits:

- Administrative simplification for DPH
- Improved security of data transmission by leveraging complex data encryption and decryption technologies.

Affected Providers:

- 13 established interfaces representing 175 provider sites in production
- 10 are in testing phase
- 75-100 organizations need to connect, representing ~1600 providers

Status:

- Node is in production
- Working with providers and vendors on their technical ability to connect to the HIway

# DPH HIway Nodes:
## Massachusetts Immunization Information System (MIIS)

Challenges:

- Lack of single standard for secure transmission resulted in many vendors adopting a different design than the HIway, hindering their ability to connect and causing significant delays in providers' ability to submit data

  - HIway team has developed alternate solutions to accommodate the most common modes of encryption that still meet Direct security standards
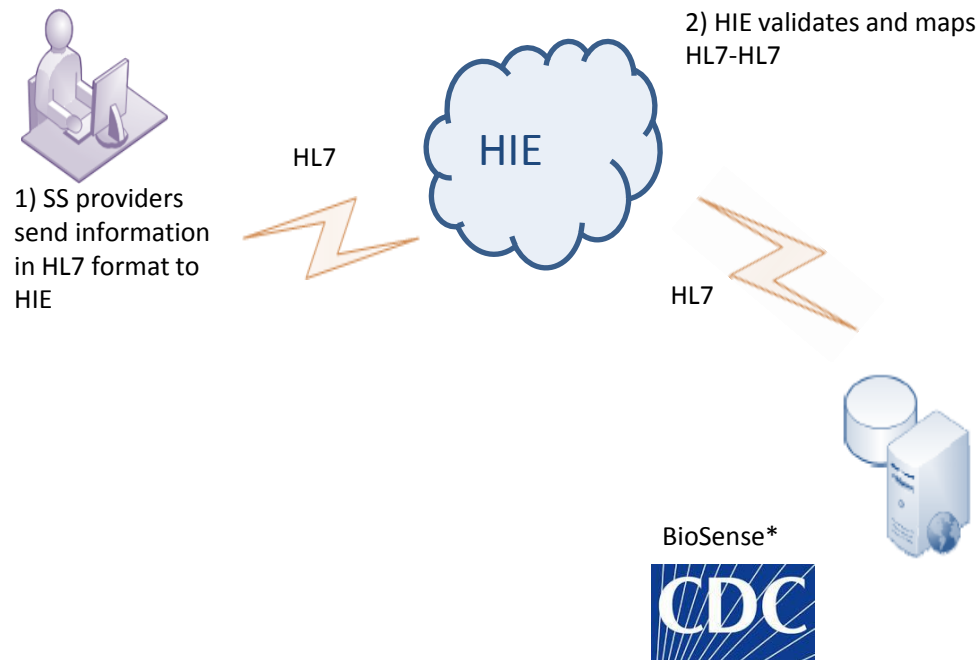
Next Steps:

- Continue working with vendors to connect to the HIway

- Outreach to providers for guidance on MU attestation

# DPH HIway Nodes:
## Syndromic Surveillance (SS)

**Objective:** Electronically submit chief complaint data from hospital emergency departments to identify possible outbreaks

**MU Enablement:** Supports MU stage 2 objective



2) HIE validates and maps HL7-HL7

HL7

HIE

1) SS providers send information in HL7 format to HIE

HL7

BioSense*

CDC

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*BioSense program is a public health electronic health surveillance system

# DPH HIway Nodes:
## Syndromic Surveillance (SS)

Benefits:

- Allows for and supports a nation wide system of public health reporting and monitoring

- HIway offers single, secure method for public health reporting

Affected Providers:

- ~40 emergency departments required to send data to BioSense

    - 29 are live

    - 11 are in process

Status:

- Node is live in production

# DPH HIway Nodes:
## Syndromic Surveillance (SS)

Challenges:

- Team is actively working on implementing new validation requirements which prevented some providers to successfully transmit data (Q2 2014)
- MU attestation is negatively impacted by the validation change
  - DPH issued a letter to providers stating that they have met the attestation requirements if they are engaged in testing or are awaiting an invitation to begin testing/validation due to the validation issue
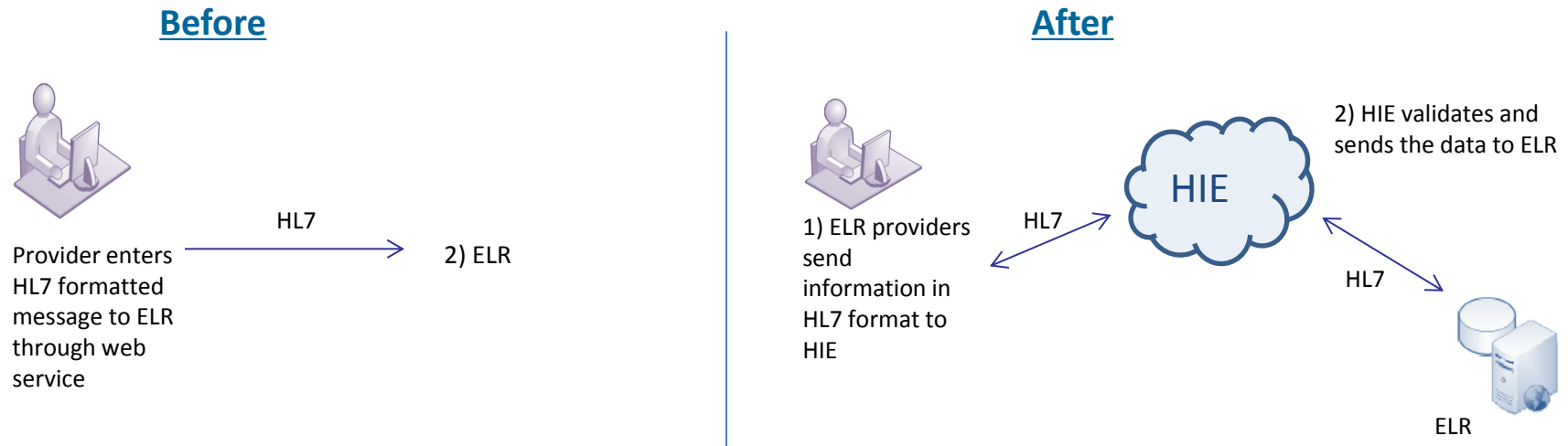
Next Steps:

- Implement validation changes (Q2 2014)
- Continue to onboard providers

# DPH HIway Nodes:
## Electronic Laboratory Reporting (ELR)

**Objective:** Securely and electronically receive laboratory reports for notifiable diseases in compliance with state regulations.

**MU Enablement:** Supports MU stage 1 & 2 objectives

**Before**

Provider enters HL7 formatted message to ELR through web service

HL7 → 2) ELR

**After**

1) ELR providers send information in HL7 format to HIE

HL7

HIE

2) HIE validates and sends the data to ELR

HL7

ELR

# DPH HIway Nodes:
## Electronic Laboratory Reporting (ELR)

Benefits:

- Increases security over existing HL7 transfer method
- Provides easier maintenance for IT staff with single method for connecting to all DPH nodes

Affected Providers:

- Hospitals with labs or independent labs (~70 statewide)
  - 1 organization in production (BIDMC)

Status:

- Node is live in production

# DPH HIway Nodes:
## Electronic Laboratory Reporting (ELR)

Challenges:

- Informing providers of benefits of moving their method of submission to the HIway

  - HIway and DPH teams will jointly outreach to providers to inform them of benefits and path to enroll with the HIway
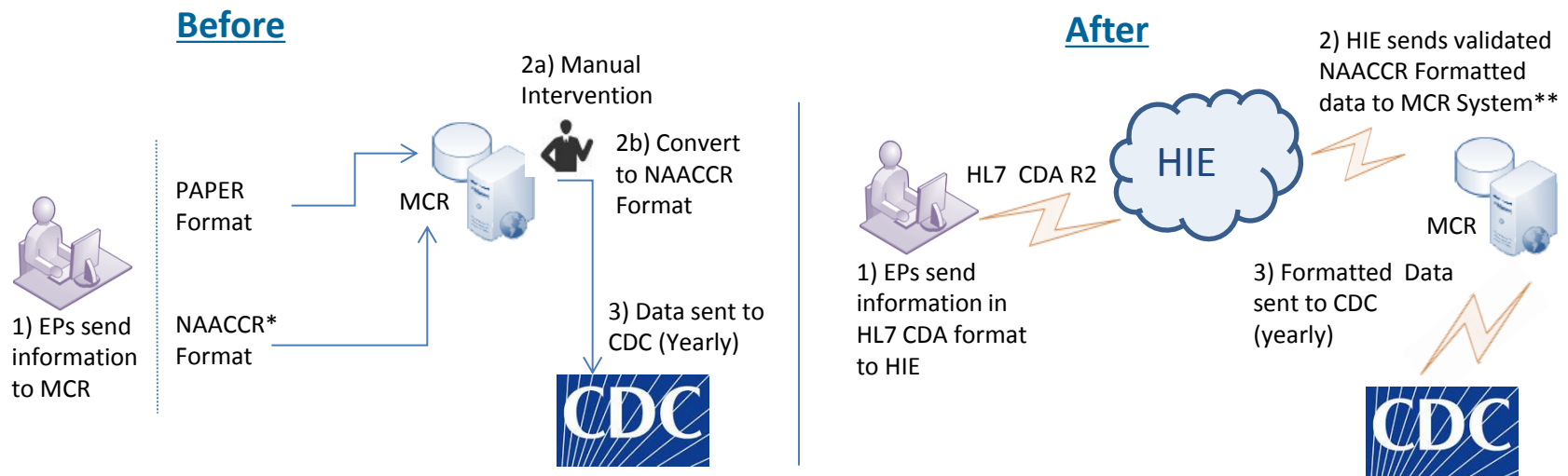
Next Steps:

- Outreach to providers using old HL7 ELR submission

# DPH HIway Nodes:
## Massachusetts Cancer Registry (MCR)

**Objective:** Provide an electronic means to comprehensively identify and report cancer cases to the Massachusetts Cancer Registry and subsequently to CDC, thus automating the entire process – required mandate in MA.  Additionally, provide a means for achieving MU stage 2 menu objective as outlined by CMS

**MU Enablement:** MU stage 2 menu item



**Before**

2a) Manual Intervention

2b) Convert to NAACCR Format

PAPER Format

MCR

NAACCR* Format

3) Data sent to CDC (Yearly)

1) EPs send information to MCR

**After**

2) HIE sends validated NAACCR Formatted data to MCR System**

HL7 CDA R2

HIE

MCR

1) EPs send information in HL7 CDA format to HIE

3) Formatted  Data sent to CDC (yearly)

*NAACCR :North American Association of Central Cancer Registries
**EOHHS Clinical gateway uses CDC's eMaRC Plus software to format the message

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# DPH HIway Nodes:
## Massachusetts Cancer Registry (MCR)

Benefits:

- Automates electronic transmission of data vs. manual data entry from paper

- Eliminates manual process for providers and reduces errors from duplicate entry

- Provides secure transmission of data

Impact on MCR:

- ~6000 cancer cases reported annually

Status:

- Node is live in production

# DPH HIway Nodes:
## Massachusetts Cancer Registry (MCR)

Challenges:

- Vendors  must be enabled before providers can be on-boarded
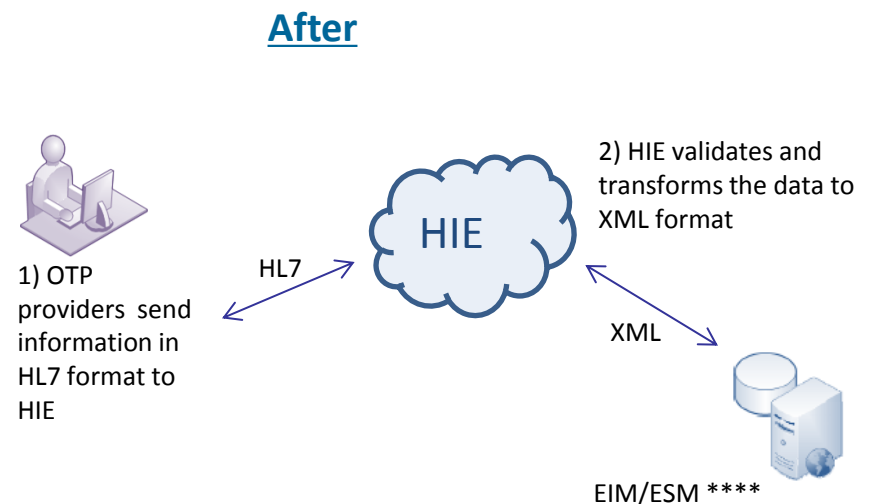  - HIway team is working with Athenahealth to test their solution
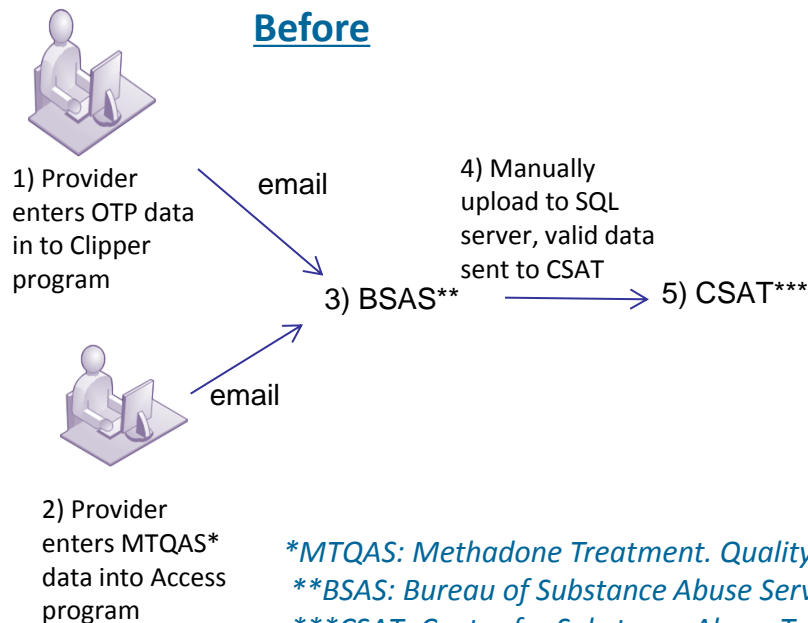
Next Steps:

- Assist Athenahealth with outreach and onboarding of their providers
- Outreach to other EMR vendors and smaller providers

# DPH HIway Nodes:
## Intake Enrollment and Assessment Transfer Service (IEATS)

**Objective:** Implement electronic health information exchange for the collection of provider data to evaluate client outcomes, assure program effectiveness for opioid treatment services and to report National Outcome Measures (NOMS) as required by the Substance Abuse and Prevention Block Grant.

**MU Enablement:** N/A

**Before**

1) Provider enters OTP data in to Clipper program

email

2) Provider enters MTQAS* data into Access program

email

3) BSAS**

4) Manually upload to SQL server, valid data sent to CSAT

5) CSAT***

**After**

1) OTP providers send information in HL7 format to HIE

HL7

HIE

2) HIE validates and transforms the data to XML format

XML

EIM/ESM ****

*MTQAS: Methadone Treatment. Quality Assurance System
**BSAS: Bureau of Substance Abuse Services
***CSAT: Center for Substance Abuse Treatment

**** Enterprise Invoice Mgmt / Enterprise Service Mgmt

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# DPH HIway Nodes:
## Intake Enrollment and Assessment Transfer Service (IEATS)

Benefits:

- Administration simplification for the Commonwealth with real-time error checking
- Eliminates expensive redundant data that is submitted by providers through outdated systems/hardware

Affected Providers:

- 1 substance abuse treatment organization (Bay Cove)
- 3 vendors representing 38 substance abuse treatment organizations:
  - NetSmart Avatar – 8 substance abuse treatment organizations
  - NetSmart Tier – 15 substance abuse treatment organizations
  - Smart Inc – 15 substance abuse treatment organizations

Status:

- Node is live in production – Bay Cove has sent live transactions
- Working with the vendors to test their connection to the HIway

# DPH HIway Nodes:
## Intake Enrollment and Assessment Transfer Service (IEATS)

Challenges:

- Vendors need to modify their EMR to meet state requirements/formats
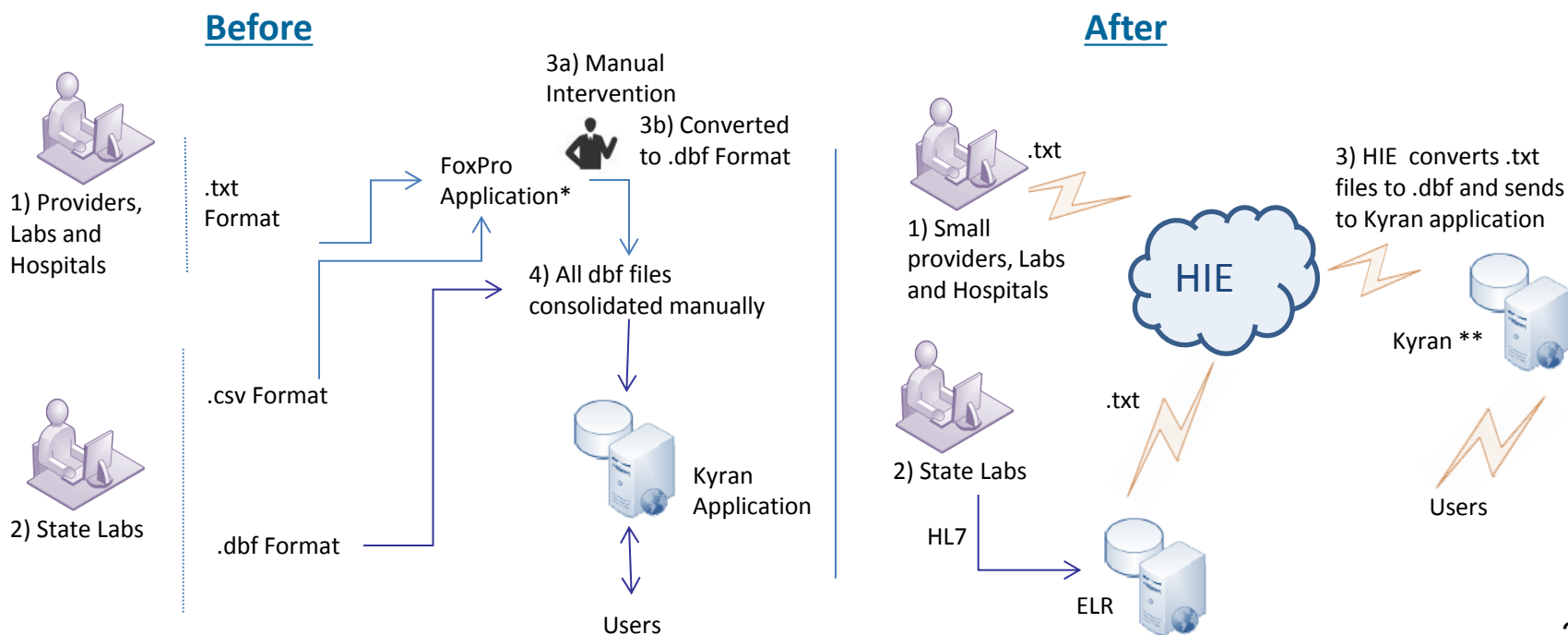    - Actively engaged with each vendor to assist in testing their products

Next Steps:

- Work with vendors to finalize their EMRs' ability to connect to the HIway
- Onboard the providers using the 3 vendor EMRs

# DPH HIway Nodes:
## Childhood Lead Poisoning Prevention Program (CLPPP)

**Objective:** Provide an electronic means to import lead data from various sources (providers, labs and hospitals) to existing CLPPP application for prevention, screening, diagnosis, and treatment of lead poisoning.

**MU Enablement:** N/A



**Before**

3a) Manual Intervention

3b) Converted to .dbf Format

FoxPro Application*

1) Providers, Labs and Hospitals

.txt Format

4) All dbf files consolidated manually

.csv Format

2) State Labs

.dbf Format

Kyran Application

Users

**After**

1) Small providers, Labs and Hospitals

.txt

3) HIE converts .txt files to .dbf and sends to Kyran application

HIE

Kyran **

2) State Labs

.txt

Users

HL7

ELR

*FoxPro Application: Program used by CLPPP-DPH to convert .txt and .csv files to .dbf
*Kyran: An application used by CLPPP

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# DPH HIway Nodes:
## Childhood Lead Poisoning Prevention Program (CLPPP)

Benefits:

- Automation of manual processes done by epidemiology staff, reducing rate of errors

- Ease of transmission of data through the HIway for providers, along with electronic acknowledgements of submission

Affected Providers:

- ~60 providers submitting lead data through CLPPP

- State lab submits on behalf of providers as well

Status:

- Node is under a phased development approach, with first phase to be released in June/July timeframe and second phase in July/August

# DPH HIway Nodes:
## Childhood Lead Poisoning Prevention Program (CLPPP)

Challenges:

- Onboarding the 60 providers submitting to CLPPP
    - DPH will partner with HIway team to proactively outreach to the providers


Next Steps:

- Develop/Deploy node to HIway (Q3 2014)
- Outreach to providers to prepare them for submission through HIway

# DPH HIway Nodes:
## e-Referral

**Objective:** To build a system that supports health information data exchange in the form of e-Referrals from healthcare provider organizations to their affiliated community-based organizations.

**MU Enablement:** N/A

*Funded through the Massachusetts State Innovation Model Testing Award*
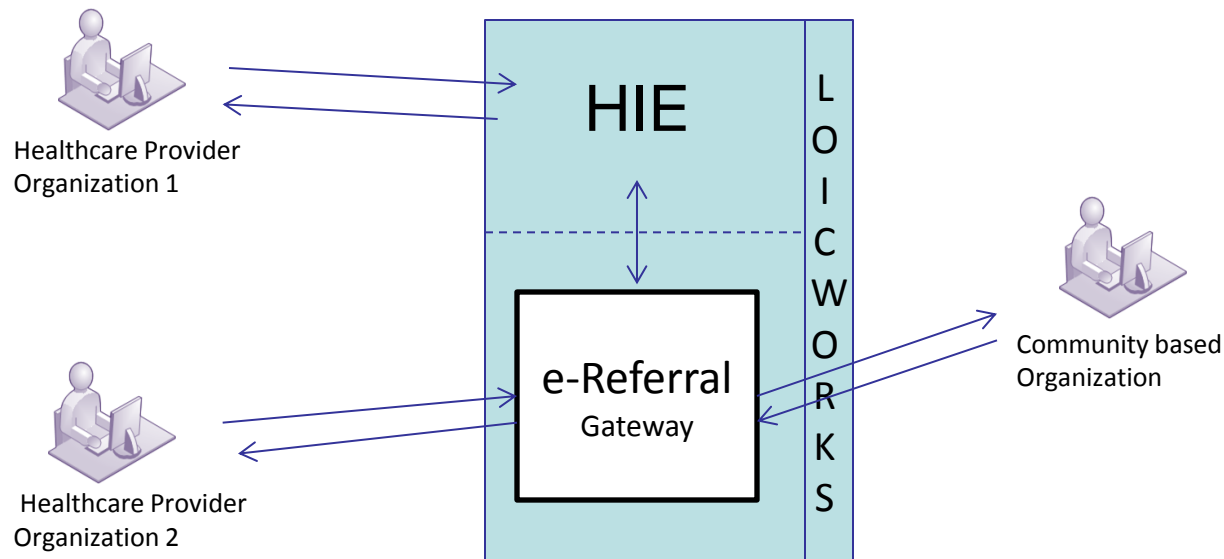
# DPH HIway Nodes:
## e-Referral

Benefits:

- Implements an innovative program initiated by the DPH to connect Healthcare Provider Organizations (HPO) with Community Based Organizations (CBO), promoting sharing of data
- Transforms the current referral system from paper/fax to an electronic format

Affected Providers:

- CBOs affiliated with HPOs (targeting YMCA, Tobacco Quit Line, etc.)
- HPOs who are actively sending referrals to CBOs

Status:

- Node is under a phased development approach, with first phase to be released in June/July timeframe and second phase in July/August

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# DPH HIway Nodes:
## e-Referral

Challenges:

- Outreach to HPOs and CBOs to make them aware of the program and benefits
- Volume of providers expressing interest

Next Steps:

- Complete development
- Onboard State Innovation Model pilot group of HPOs and CBOs, as well as Prevention & Wellness Trust Fund sites

# Future of HIT (& HIE) in Public Health

Streamlining and standardizing the way in which public health data is captured and transmitted from the provider community allows MDPH to improve surveillance, evaluate programs, improve public health measures / outcomes and potentially reduce the cost of health care.

- Increased utilization of health data to improve public health

- Improved capacity to support programs & evaluation

# Thank you

Laura Nasuti, Deputy Director
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Tom Land, Director
Office of Health Information, Policy, & Informatics
Thomas.Land@State.MA.US

**Discussion Item 2: MeHI Budget/Operating Plan**

# Fiscal Year 2015 Operating Plan Preview

# Core Themes

- Transition from Federal to Mixed Funding
  - HIE Grant is complete
  - REC Grant is largely being used for pilot programs

- Launch Chapter 224-inspired Programs
  - eHealth eQuality – EHR Adoption for Behavioral Health and Long Term/Post-Acute Care
  - Connected Communities
  - Meaningful Use Support Services
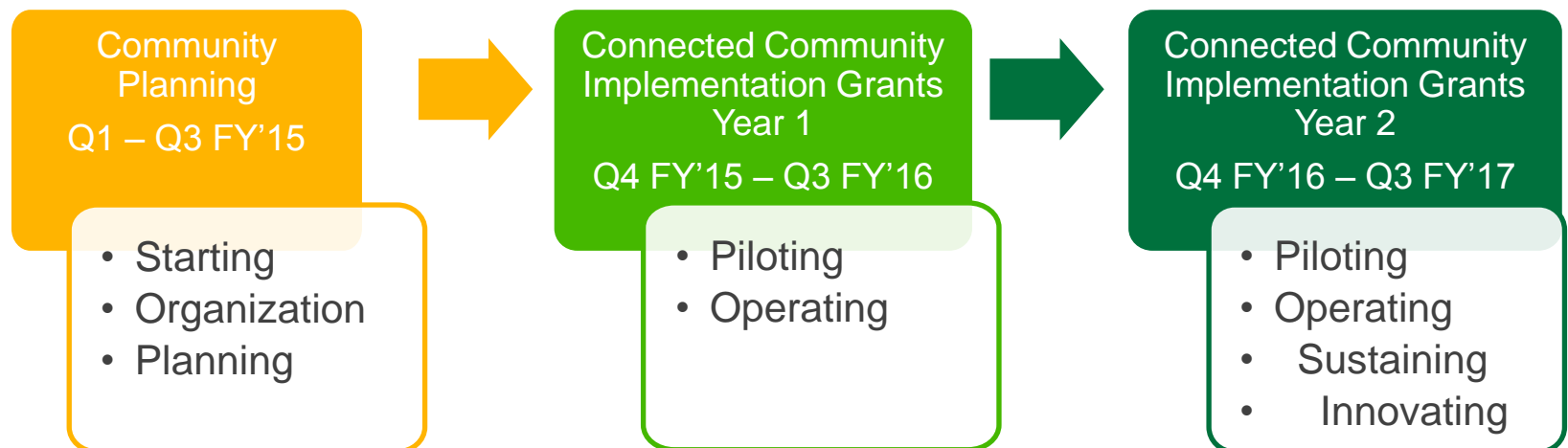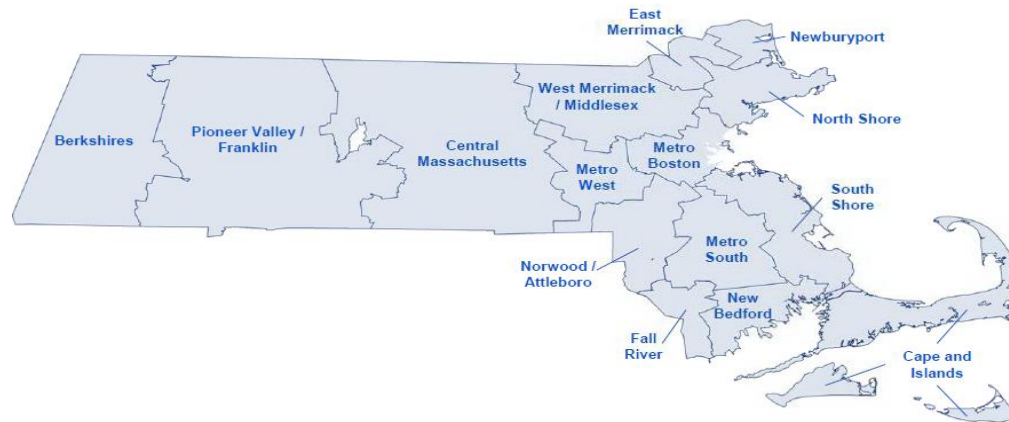  - eHealth Cluster Development
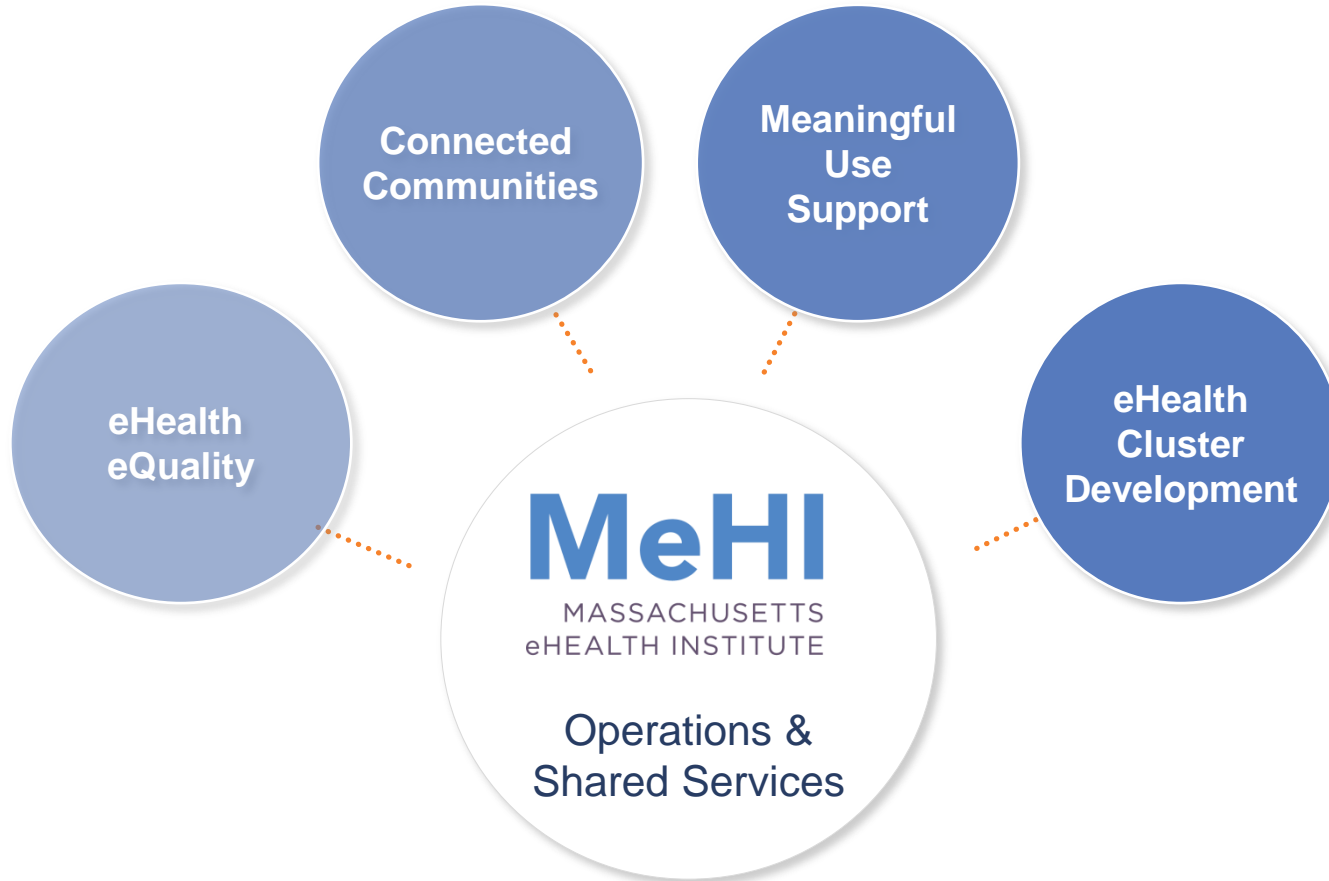
- Help all Behavioral Health and Long-Term/Post-Acute Care providers adopt electronic health records and health information exchange

- FY '15 Priorities
  - Complete detailed provider needs assessment
  - Adapt and enhance EHR adoption models to support these communities
  - Launch the incentive program to support EHR adoption in these communities

**Phase 1**
Planning & Research
Summer 2014

→

**Phase 2**
Model Development
Summer/Fall 2014

→

**Phase 3**
Model Deployment & Incentive Program
Fall 2014 – FY'17

MeHI
MASSACHUSETTS eHEALTH INSTITUTE | at the MassTech Collaborative

# Connected Communities

- Work with geographic healthcare communities in the Commonwealth to use technology in order to improve health



**Community Planning**
Q1 – Q3 FY'15

- Starting
- Organization
- Planning

**Connected Community Implementation Grants Year 1**
Q4 FY'15 – Q3 FY'16

- Piloting
- Operating

**Connected Community Implementation Grants Year 2**
Q4 FY'16 – Q3 FY'17

- Piloting
- Operating
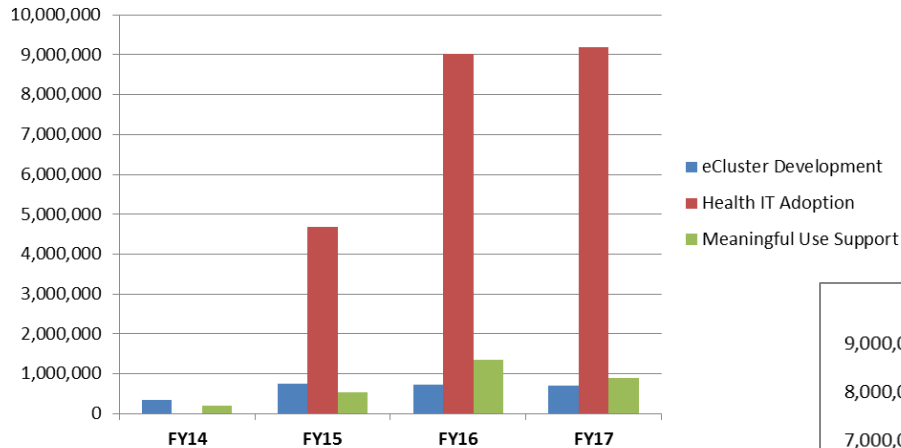- Sustaining
- Innovating

# Meaningful Use Support

- Support providers in getting to Meaningful Use and continuing to achieve future stages of Meaningful Use

- Identify and deliver services to the market that support this goal and aren't being delivered by other sources

- FY '15 Priorities
  - Continue the Medicaid Meaningful Use Incentive Application Processing Program – all year
  - Complete our obligations under the REC grant – through February 7, 2015
  - Pilot the initial set of services proposed under the REC extension
    - Soft Launch portal – Summer 2014
    - Announcement and Significant Marketing – September 2014
    - Progress evaluation – January 2015

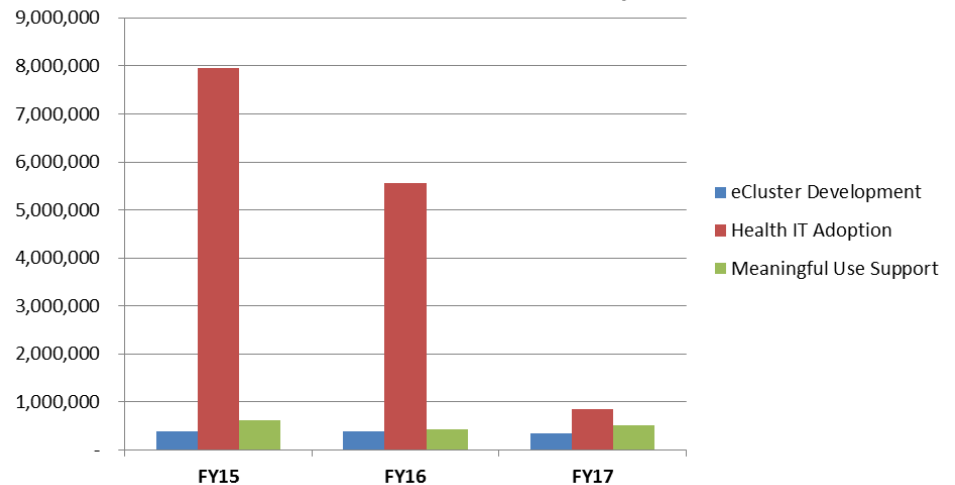# eHealth Cluster Development

- Facilitate growth of the eHealth cluster in Massachusetts

- FY'15 Priorities
  - Develop a baseline analysis of the eHealth Cluster – Summer 2014
  - Develop a committed group of industry leaders to support the cluster growth – Spring/Summer 2014 and ongoing
  - Support Massachusetts Connected Health Week – October 2014
  - Establish an event/networking series to educate startups about industry needs and opportunities – Starting Fall 2014
  - Establish a pilot partnership with community college or vocational school partner(s) to support health information technology workforce development – Launch in 2014

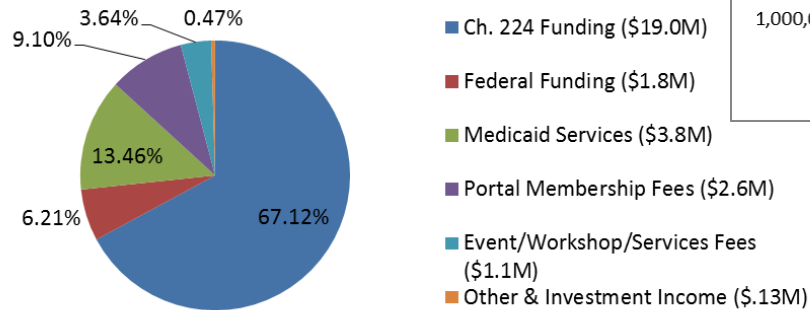Expenditure of Chapter 224 Funds by Year

- eCluster Development
- Health IT Adoption
- Meaningful Use Support



Financial Assistance Awards by Year

- eCluster Development
- Health IT Adoption
- Meaningful Use Support



Revenue Sources (FY15-FY17)

- Ch. 224 Funding ($19.0M) — 67.12%
- Federal Funding ($1.8M) — 6.21%
- Medicaid Services ($3.8M) — 13.46%
- Portal Membership Fees ($2.6M) — 9.10%
- Event/Workshop/Services Fees ($1.1M) — 3.64%
- Other & Investment Income ($.13M) — 0.47%

# Key Questions

- What are the necessary components in a community initiative?
  - How much local involvement is required?
  - How much support should we provide?
  - What types of support should we provide?

- How should we think about competition in our service delivery?
  - How do we decide whether some service will be offered to all for free or whether we charge for it?
  - How do we decide whether there is an active and effective market for a particular type of service?

**Discussion Item 3: Mass HIway Update**

— HIway Release Schedule

— Communications and Outreach Update

— HIway Operations Update

— HISP-HISP Update

— Phase 2 Pilot Update

# HIway Release Schedule

## Mass HIway 2014 Development Timeline

| Activity | Target date |
|---|---|
| Opioid Treatment Program Node Go-Live | **Complete** |
| Cancer Registry Node Go-Live | **Complete** |
| Webmail Upgrade Go-Live (CCDA Editor, shared folders to support SEE application) | **Complete** |
| Meditech XDR Solution Go-Live (enables providers to send/receive Direct messages from their Meditech EHR) | **Complete** |
| HISP to HISP Solution Go-Live (enables pilot HISP group to connect to the HIway – eCW, Surescripts, SES) | **Complete** |
| Healthcare Provider Portal R1 (Provider Directory Bulk Load & Cert Mgt) | ~~June 2014~~ July 2014 |
| Healthcare Provider Portal R2 (Enrollment self-service & PD and cert mgt enhancements) | Q3 2014 |
| eReferral Phase 1 Node Go-Live (enables bi-directional communication on health related targets given from HPOs to CBOs such as YMCA, Tobacco quit lines, etc.) | Q2 2014 |
| Childhood Lead Poison Prevention Program Node Go-Live | Q3 2014 |
| Relationship Listing Service Release 2 (Web service access, eMPI tuning, Provider Notifications, etc.) | Q3 2014 |

**Webinars:**

- List of Webinars held/scheduled to promote HIway adoption and awareness

| Topic | Date | # of Attendees |
|---|---|---|
| **Mass HIway – Overview, Enrollment & Onboarding** | **May 8** | **62** |
| Meaningful Use Stage 2 and the HIway | July 17 | |
| HIway Consent Overview & Implementation Best Practices | August | |
| More TBD… | | |

**May Participation Activity**

# 7  New Participation Agreements completed in May:

- Bay Cove Human Services
- Beth Israel Deaconess – Needham
- Joslin Diabetes Center
- Northampton Wellness Associates
- Prime Medical Associates
- South Coast Health
- Walmart Stores, Inc.

**Current Total =  205*  Mass HIway Organizations**

* Total adjusted due to mergers and acquisitions (net reduction of 2 organizations)

**May Connection Activity**

# 58 New Organizations Went Live in May:

- Beth Israel Deaconess – Milton
- Hallmark Health
- HealthAlliance Hospital

- **Plus**: **55** eLINC HISP members, through Winchester Highland Management, went live in May (individual organizations are listed on the next slide)

# Current Total =  159*  Live Mass HIway Connections

* Total adjusted due to mergers and acquisitions (net reduction of 4 organizations)
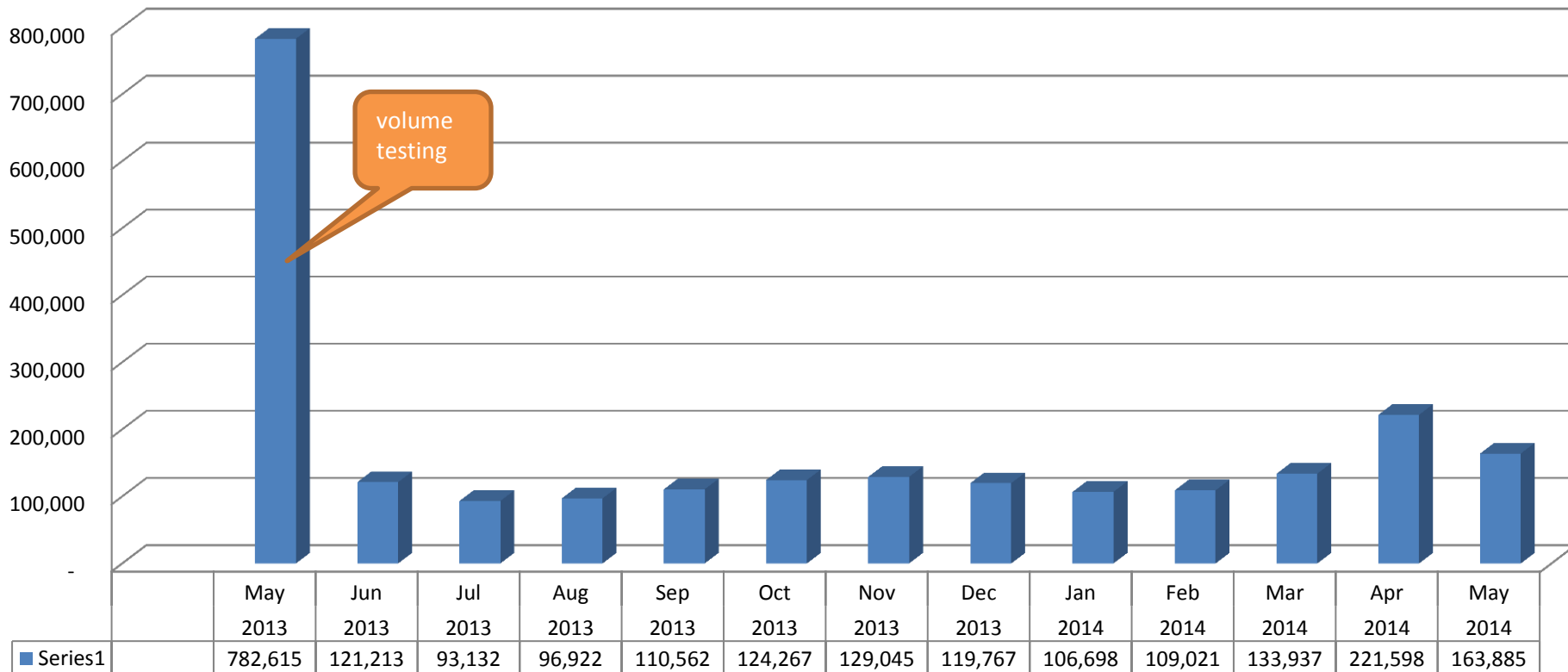
## eLINC HISP Members

- Eye Associates PC
- B D & L Providers LLC
- Paul MD, Barry S.
- Kellerman DPM, Bart A.
- Boston IVF-CRMI Holding LLC
- Keojampa MD, Bounmany Kyle
- Burlington OB/GYN Associates
- Burlington Pediatrics LLC
- Burlington Podiatry Associates
- Charles River Eye Associates
- Lennox MD, Clara A.
- Commonwealth Surgical Associates
- Bienkowski MD, Daniel W.
- Digestive Health Associates
- Dowd Medical Associates
- Edward A. Ryan MD PC
- ENT Consultants
- Eric S. Schrieber MD PC
- Excel Orthopaedic Specialists
- Family Care Center of Tewksbury
- Family Footcare of Woburn
- Fertility Centers Of New England
- Foot and Ankle Center of Massachusetts PC
- Foot Health Center of Merrimack Valley PC
- Porter MD, Francis R.
- Hand & Plastic Surgery Specialists Inc
- Jason M. Gilbert MD PC
- Sullivan MD, John J.

- Leo M. Cass MD PC
- Middlesex Surgical Associates
- Mystic Valley Dermatology Associates PC
- Mystick Womens Health Inc
- New England Urogynecology
- North Middlesex Womens Healthcare
- North Shore Radiology Associates
- North Suburban Surgical Associates PC
- Paul Radvany MD PC
- Peter E. Gee MD PC
- Reading Internal Medicine
- Reading Pediatric Associates PC
- Spoerri-Bowman DO, Rebecca
- Rheumatology and Internal Medicine Associates
- Robert F. Commito MD PC
- Ho MD, Rose
- Salter Healthcare
- Ameri MD, Shapur
- Stoneham Medical Group
- Zucker MD, William J.
- Winchester Hospital Urgent Care Specialists
- Winchester Anesthesia Associates
- Winchester Emergency Medical Associates
- Winchester Family Physicians
- Winchester Hospital (current Mass HIway Participant)
- Winchester OB/GYN Associates
- Woburn Nephrology Associates
- Woodland Internists PC

## May Transaction Activity
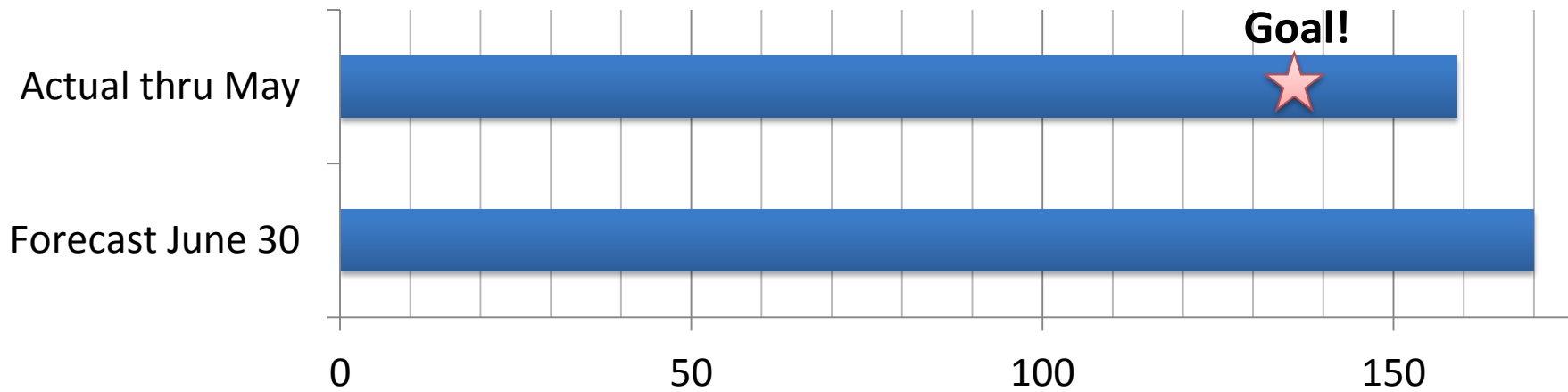
# 163,885 Transactions exchanged during May

# 2,615,977 Total Transactions (inception to date)



| Series1 | May 2013 | Jun 2013 | Jul 2013 | Aug 2013 | Sep 2013 | Oct 2013 | Nov 2013 | Dec 2013 | Jan 2014 | Feb 2014 | Mar 2014 | Apr 2014 | May 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 782,615 | 121,213 | 93,132 | 96,922 | 110,562 | 124,267 | 129,045 | 119,767 | 106,698 | 109,021 | 133,937 | 221,598 | 163,885 |

volume testing

## Mass HIway Connection Forecast

**Goal:** Connect over **135** organizations to the HIway by June 30, 2014

**Top EHR vendors serving 80% of providers overall and by sub-segment**

Top vendors overall

Top Inpatient vendors

Top Practice-based vendors

Top Long Term Care vendors

Top Behavioral Health vendors

| Vendor | Status with HIway |
|--------|-------------------|
| MEDITECH | Live |
| LMR (Partners Self Developed) | Live |
| Cerner | Testing |
| AllScripts | Testing |
| eClinicalWorks | Testing |
| GE Centricity | Testing |
| Web OMR (BIDMC Self Developed) | Live |
| Siemens | Testing |
| EPIC | Enrolling |
| NextGen | Testing |
| Athenahealth | ~~Enrolling~~ **Testing** |
| Quest Care 360 | Discovery |
| e-MDs | Live |
| Point Click Care | Discovery |
| NetSmart | Testing |
| UNI/CARE Systems | Discovery |

# HISP to HISP Connectivity

| HISP Vendor | Connection Progress | | | | Live/Target Date |
|---|---|---|---|---|---|
| | Kickoff | Onboarding | Testing | Prod Readiness | |
| **SES (eLinc)** | | | | | **May 2014** |
| eClinicalWork | | | | | June 2014 |
| SureScripts | | | | | June 2014 |
| Alere | | | | | June 2014 |
| McKesson | | | | | June 2014 |
| Inpriva | | | | | June 2014 |
| ADS/DataMotion | | | | | June 2014 |
| Medfx | | | | | July 2014 |
| NexJ | | | | | July 2014 |
| Aprima | | | | | July 2014 |
| AthenaHealth | | | | | Q3 2014 |
| AllScripts | | | | | Q3 2014 |
| ClaimTrak | | | | | Q3 2014 |

- **MA HIway has used the provider directory as a "white list" to filter transactions to and from other HISPs (ie, other "push" networks such as eCW, Surescripts, etc)**
  - Prevents use of the HIway by organizations who would otherwise not be eligible for HIway participation (ie, non-TPO, no BAAs, etc)
  - However, this was conservative approach that did not come without a cost as it imposed operational complexity on the HIway and presented a barrier-to-entry to use of the HIway

- **As the market has matured, it is now clear that there is a lot of alignment with HISPs of well-established organizations (ie, eCW, Surescripts, Winchester community, etc)**
  - HIway signs contracts with other HISPs and is able to ascertain their maturity and policy development in that process
  - HIway can comfortably delegate eligibility and transaction validation functions to other HISPs where appropriate

- **HIway will thus now use a two-tier approach to filtering transactions from other HISPs**
  - HISPs that do align with HIway policy approach will no longer be subject to "white list", though HIway will retain a "black list" to block traffic from some senders by exception
  - HISPs that have less track record may still be subject to "white list" until the HIway is able to determine their credibility through further vetting or experience

- **This approach applies ONLY to Direct Messaging**
  - Query & Retrieve participants must all be vetted directly by the HIway and sign HIway Participation Agreements

Mass HIWay Query & Retrieve Adoption Target Timeline
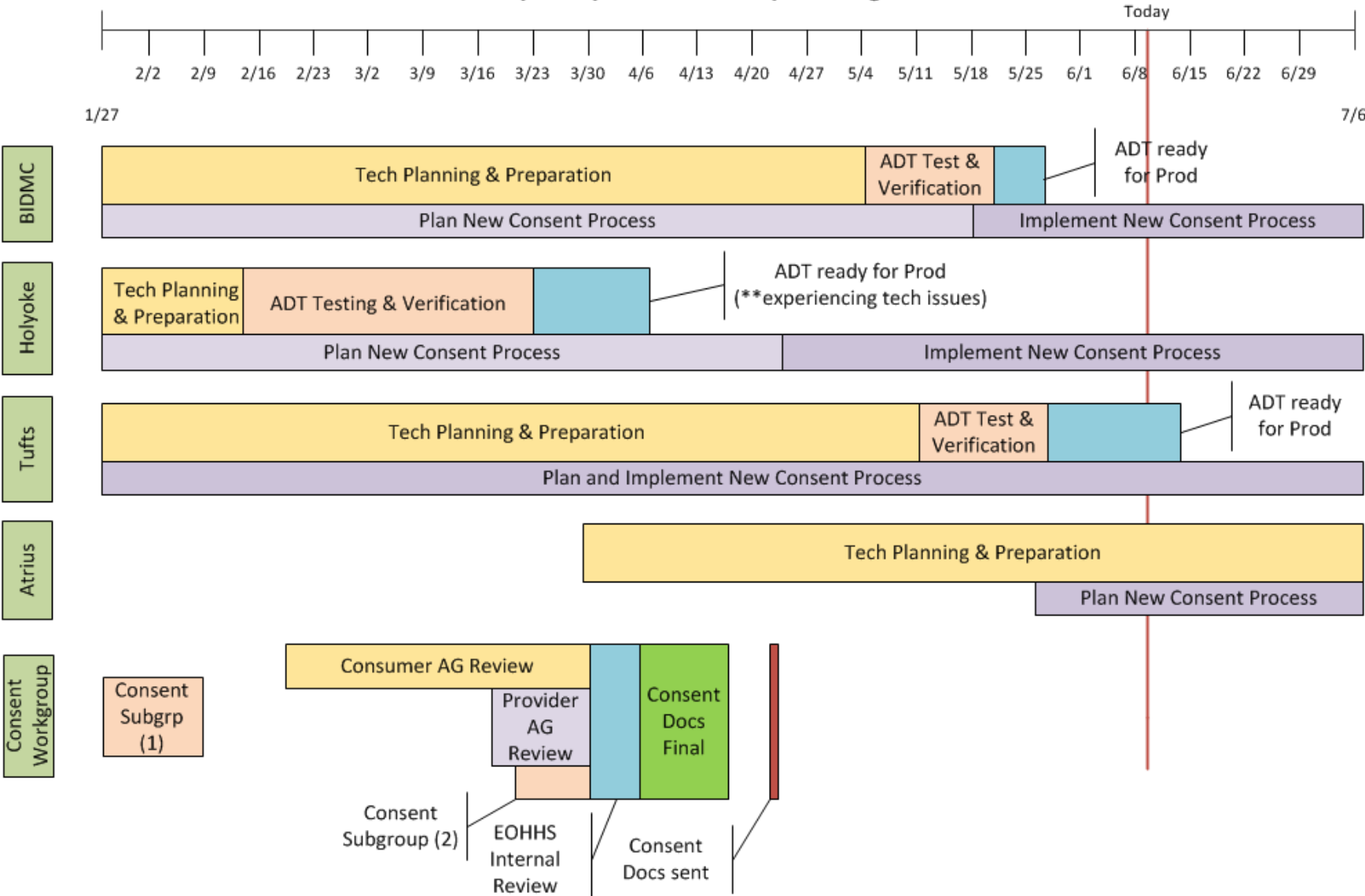
**Discussion Item 4: Wrap Up**

**HIT Council 2014 Meeting Schedule\*:**

- January 13
- February 3
- March 10
- April 7
- May 5
- June 9
- **July 7**
- August 4
- September 8
- October 6
- November 3
- December 8

*\*All meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st Floor, Boston, unless otherwise noted*